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EXAMINER

KARMIS, STEFANOS

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**BEFORE THE BOARD OF PATENT APPEALS
AND INTERFERENCES**

Application Number: 09/725,142
Filing Date: November 29, 2000
Appellant(s): HENLEY, JULIAN L.

MAILED

JAN 12 2007

GROUP 3600

William G. Niessen
For Appellant

EXAMINER'S ANSWER

This is in response to the appeal brief filed 19 October 2006 appealing from the Office action
mailed 19 June 2006.

(1) Real Party in Interest

A statement identifying by name the real party in interest is contained in the brief.

(2) Related Appeals and Interferences

The examiner is not aware of any related appeals, interferences, or judicial proceedings which will directly affect or be directly affected by or have a bearing on the Board's decision in the pending appeal.

(3) Status of Claims

The statement of the status of claims contained in the brief is correct.

(4) Status of Amendments After Final

The appellant's statement of the status of amendments after final rejection contained in the brief is correct.

(5) Summary of Claimed Subject Matter

The summary of claimed subject matter contained in the brief is correct.

(6) Grounds of Rejection to be Reviewed on Appeal

The appellant's statement of the grounds of rejection to be reviewed on appeal is correct.

(7) Claims Appendix

The copy of the appealed claims contained in the Appendix to the brief is correct.

(8) Evidence Relied Upon

6,006,191	DiRienzo	12-1999
6,035,276	Newman	3-2000
6,366,891	Feinberg	4-2002

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6,415,270	Rackson	7-2002
6,757,898	Ilse et al.	6-2004
6,108,641	Kenna et al.	8-2000

(9) Grounds of Rejection

The following ground(s) of rejection are applicable to the appealed claims:

Claim Rejections - 35 USC § 103

1. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

2. The text of those sections of Title 35, U.S. Code not included in this action can be found in a prior Office action.

3. The factual inquiries set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.
4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

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4. Claims 1-9, 12-17, 21, and 30-35 are rejected under 35 U.S.C. 103(a) as being unpatentable over DiRienzo, U.S. Patent 6,006,191 in view of Newman et al. (hereinafter Newman) U.S. Patent 6,035,276.

Regarding independent claim 1, 21, 30, and 35 DiRienzo teaches an online method for arranging scheduled delivery of personal medical services from a provider having qualifications, said method comprising: posting online at least one proffered personal medical service in association with a provider of such service (column 14, lines 21-41 and column 22, lines 7-28); and receiving online bids for such service as proffered by prospective users of said service (column 22, lines 29-42); in response to receiving an online bid, automatically accessing a maintained database or one or more online commercial data resource s to obtain information describing the health or financial condition of a bid-submitting prospective patient (column 28, lines 27-48).

DiRienzo teaches providing a biography of the physician including medical school attended, publication, affiliations and residency in effort to prove the qualification of the physician (column 17, lines 1-15 and column 36, line 60-65). DiRienzo fails to teach registering a medical service provider and automatically authenticating qualification of said medical service provider to perform a proffered medical service upon obtaining registration information.

Newman teaches a medical practitioner credentialing system (Abstract). The system provides a method to electronically store a common set of credentialing information relating to physicians who must have their credentials verified for use in automatically generating a plurality of different provider applications forms having different formats (column 3, lines 10-

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17). This information is provided in a credentialing information database and used in completing application forms (column 3, lines 35-45). In the instant application, a medical provider registers and has their qualifications checked with those in a qualifier database (page 20 of specification). The Examiner contends that Newman teaches “automatically authenticating qualifications of said medial service provider...upon obtaining registration information from said provider” because Newman’s application is a registering procedure that creates a database of doctor credential information. There is sufficient motivation to combine the teachings of DiRienzo with Newman because it allows for the medical service procurement teachings of DiRienzo to find qualified physicians as taught by Newman. DiRienzo teaches searching for “highly reputable specialists” (column 17, lines 7-15) and therefore the credentialing system of Newman would help ascertain this information by analyzing physician credentials. Regarding claim 30, DiRienzo in view of Newman teaches that the steps are performed with the use of a computer (Abstract and Figure 3). For these reasons, claims 1, 30 and 35 stand rejected and Applicant’s request for allowance is respectfully declined.

It would have been obvious to one of ordinary skill in the art at the time of the Applicant’s invention to modify the biography postings taught by DiRienzo and include verifying credentials of the physician because it provides a further step to proved the physician is capable and possesses the proper credentials to perform the service being proffered.

Claim 2, posting includes proffered specifications received in association with provisions of said proffered service (column 18, lines 1-29).

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Claim 3, said proffered specifications include price, time and location for provision of service (column 23, lines 14-43).

Claim 4, wherein said price is automatically computed based on at least one projected future utilization of the service provider's facility, a predetermined minimum price a predetermined base price (column 21, lines 11-23 and column 30, line 44-47).

Claim 5, DiRienzo fails to teach that the price is computed as a function of the base price plus a fraction of the difference between the minimum price and base price, said fraction being related to projected future utilization of the service provider's facility. Official Notice is taken that determining pricing on factors is old and well known in the art. Therefore it would have been obvious to one of ordinary skill in the art to modify the teachings of DiRienzo and include pricing factors such as projected future utilization, facilities, minimum price and base price because they are all elements in determining a fair rate for both parties involved.

Claim 6, specification include conditions precedent to the provision of said service, said conditions precedent including the health and suitability of the prospective user for receiving the proffered service (column 21, lines 11-23).

Claim 7, in response to tentative online agreement between a prospective service provider and a prospective user, providing contract details to the provider and/or user to permit direct

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follow-up communication there between to finalize the tentative online agreement (column 30, lines 23-43).

Claims 8 and 9, DiRienzo fails to teach the manner in which payment is sent. Official Notice is taken that determining payment method is old and well known in the art. Therefore it would have been obvious to one of ordinary skill in the art to modify the teachings of DiRienzo and include payment methods because it is common information to transmit during a financial transaction for settlement to occur.

Claim 12, obtaining online information about the prospective user's health or financial condition and supplying such information to said service provider for use in determining an online response to the prospective user's bid for service provision (column 21, lines 11-23).

Claims 13 and 14, MOL fails to teach CPT or ICD-9 codes. Official Notice is taken that codes are well known in the medical profession. Therefore it would have been obvious to one of ordinary skill in the art at the time of the Applicant's invention to modify the teachings of DiRienzo and include posting CPT or ICD-9 codes because it is an efficient manner to communicate all possible information to a service provider when posting information.

Claim 15, obtaining a performance price of donated or discounted services performed by a provider of a personal medical service for use in logging and tracking tax credit information (column 16, lines 46-53).

Claims 16 and 17, receiving online bids includes limiting received bids for a particular proffered service to a predetermined time window (column 23, lines 14-43).

Claims 31 and 32, DiRienzo teaches providing a biography of the physician including medical school attended, publication, affiliations and residency in effort to prove the qualification of the physician (column 17, lines 1-15 and column 36, line 60-65). DiRienzo fails to teach registering a medical service provider and automatically authenticating qualification of said medical service provider to perform a proffered medical service upon obtaining registration information. Newman teaches a medical practitioner credentialing system in which physician credentialing profiles containing physician credentialing information are stored into a system database with application forms and the credentials are verified (Abstract and column 3, lines 10-45). It would have been obvious to one of ordinary skill in the art at the time of the Applicant's invention to modify the biography postings taught by DiRienzo and include verifying credentials of the physician because it provides a further step to prove the physician is capable and possesses the proper credentials to perform the service being proffered.

Claims 33 and 34, receiving an offer to buy the medical service posted at a specified price and storing the price (column 23, lines 14-43).

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5. Claims 10, 11, and 50-57, rejected under 35 U.S.C. 103(a) as being unpatentable over DiRienzo, U.S. Patent 6,006,191 in view of Newman et al. (hereinafter Newman) U.S. Patent 6,035,276 in further view of Feinberg U.S. Patent 6,366,891.

Regarding independent claim 10, 11, and 50-57, DiRienzo teaches an online method for arranging scheduled delivery of personal medical services from a provider having qualifications, said method comprising: posting online at least one proffered personal medical service in association with a provider of such service (column 14, lines 21-41 and column 22, lines 7-28); and receiving online bids for such service as proffered by prospective users of said service (column 22, lines 29-42); in response to receiving an online bid, automatically accessing a maintained database or one or more online commercial data resource s to obtain information describing the health or financial condition of a bid-submitting prospective patient (column 28, lines 27-48).

DiRienzo teaches providing a biography of the physician including medical school attended, publication, affiliations and residency in effort to prove the qualification of the physician (column 17, lines 1-15 and column 36, line 60-65). DiRienzo fails to teach registering a medical service provider and automatically authenticating qualification of said medical service provider to perform a proffered medical service upon obtaining registration information.

Newman teaches a medical practitioner credentialing system in which physician credentialing profiles containing physician credentialing information are stored into a system database with application forms and the credentials are verified (Abstract and column 3, lines 10-45). It would have been obvious to one of ordinary skill in the art at the time of the Applicant's invention to

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modify the biography postings taught by DiRienzo and include verifying credentials of the physician because it provides a further step to prove the physician is capable and possesses the proper credentials to perform the service being proffered.

6. Claims 10, 11 and 50-57 are rejected under 35 U.S.C. 103(a) as being unpatentable over DiRienzo, U.S. Patent 6,006,191 in view of Newman et al. (hereinafter Newman) U.S. Patent 6,035,276 in further view of Feinberg U.S. Patent 6,366,891.

DiRienzo teaches that the system provides information on the physician such as medical school attended, publications, affiliations, residencies, etc. However, DiRienzo fails to teach feedback information for such a service. Feinberg teaches an on-line auction in which seller information includes prior history of seller's transactions, comments from previous buyers who purchased items from the seller, and other information about the seller (column 4, lines 37-51). Therefore it would have been obvious to one of ordinary skill in the art at the time of the Applicant's invention to modify the teachings of providing information related to the physician to include feedback as taught by Feinberg because both auction systems are trying to inform the buyer and provide an accurate description of the credentials of the seller.

7. Claims 58-60, rejected under 35 U.S.C. 103(a) as being unpatentable over DiRienzo, U.S. Patent 6,006,191 in view of Newman et al. (hereinafter Newman) U.S. Patent 6,035,276 in further view of Rackson et al. (hereinafter Rackson) U.S. Patent 6,415,270.

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Regarding independent claim 58-60, DiRienzo teaches an online method for arranging scheduled delivery of personal medical services from a provider having qualifications, said method comprising: posting online at least one proffered personal medical service in association with a provider of such service (column 14, lines 21-41 and column 22, lines 7-28); and receiving online bids for such service as proffered by prospective users of said service (column 22, lines 29-42); in response to receiving an online bid, automatically accessing a maintained database or one or more online commercial data resource s to obtain information describing the health or financial condition of a bid-submitting prospective patient (column 28, lines 27-48).

DiRienzo teaches providing a biography of the physician including medical school attended, publication, affiliations and residency in effort to prove the qualification of the physician (column 17, lines 1-15 and column 36, line 60-65). DiRienzo fails to teach registering a medical service provider and automatically authenticating qualification of said medical service provider to perform a proffered medical service upon obtaining registration information.

Newman teaches a medical practitioner credentialing system in which physician credentialing profiles containing physician credentialing information are stored into a system database with application forms and the credentials are verified (Abstract and column 3, lines 10-45). It would have been obvious to one of ordinary skill in the art at the time of the Applicant's invention to modify the biography postings taught by DiRienzo and include verifying credentials of the physician because it provides a further step to proved the physician is capable and possesses the proper credentials to perform the service being proffered.

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DiRienzo teaches bidding with consideration factors to determine a desired bid price. However, DiRienzo fails to teach adjusting the bid for the service. Rackson teaches an auction coordination method and system in which factors such as timeliness and seller feedback are used to adjust a bid. It would have been obvious to one of ordinary skill in the art at the time of the Applicant's invention to modify the teaching of DiRienzo and include adjusting bids because it allows the patients to coordinate the bid more precisely with the factors as taught by DiRienzo especially if the factors are to change.

(10) Response to Argument

The Examiner summarizes the various points raised by the Appellant and addresses them individually.

A. Rejection of claims 1-9, 12-17, 21 and 30-35 under 35 U.S.C. § 103(a) over DiRienzo in view of Newman.

1. Regarding claim 1 Appellant asserts that DiRienzo in view of Newman fails to teach *automatically authenticating qualification of a medical service provider to perform a proffered medical service upon obtaining registration information from said provider* (see Appeal Brief, pages 23-28).

In Response: The Examiner respectfully disagrees and first directs The Board to the language of claim 1. Claim 1 states *registering a medical service provider and automatically authenticating qualifications of said medical service provider to perform a proffered medical service upon obtaining registration information from said service provider*. A broadest

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reasonable interpretation of claim 1 would merely require that the medical service provider be registered in a database, wherein accessing the database (i.e. username/password) to see a list of available jobs authenticates that the physician is qualified to perform a medical service. This ensures that the physician is registered as a participant. Furthermore, the qualification information in claim 1 is not specified and could range from medical credentials, to availability to perform a job, as well as simply being registered in the database as mentioned above.

The language of claim 1 is clearly taught by DiRienzo in view of Newman. DiRienzo teaches a system for transmitting, storing, retransmitting and receiving a plurality of medical images, which permits diagnostic readings by physicians during their free time through a Remote Access Medical Image eXchange (RAMIX) (column 13, lines 48-60). In the simplest interpretation of claim 1, DiRienzo teaches *authenticating qualifications of said medical service provider to perform a proffered medical service* in that a physician logs on to the RAMIX system to access their Provider Mail Box by entering a security code, then the physician can look for images waiting to be read (column 23, lines 28-32). It is inherent that authenticating the username/password would be done automatically. However, even if it weren't DiRienzo teaches the RAMIX system is designed to automate the overall process of diagnostic delivery and reporting (column 30, lines 44-47). DiRienzo also teaches authenticating qualifications through the clearing house computer (CHC), which is part of the RAMIX system, which provides a patient with information about the physician including whether the physician is in town to perform the reading (column 22, lines 50-65).

Even if it could be argued that the qualifications are medical in nature, DiRienzo teaches the Ramix system is for qualified physicians (Board Certified) capable of reading medical

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images (column 16, lines 36-37 and column 24, lines 2-6). DiRienzo even suggests that the RAMIX system will result in eliminating non-board certified physicians from practicing (column 30, lines 37-43). DiRienzo also teaches that the RAMIX system will obtain from a physician biographic information such as medical school attended, publications, affiliations, residency, and provide the biographic material on each diagnostic physician to the patient/gatekeeper (column 17, lines 3-15). Again, DiRienzo further teaches that the RAMIX system is designed to automate the overall process of diagnostic delivery and reporting (column 30, lines 44-47).

DiRienzo fails to expressly teach that the medical service provider is first registered before authentication is performed. It would be inherent that if DiRienzo teaches a physician logs on and enters a code to access a mailbox, as discussed above, that the physician must be registered. Nevertheless, Newman teaches a medical practitioner credentialing system in which physician are registered by storing their credentials in a credential database (column 3, lines 46-49). Newman further states that the preferred embodiment of the invention is for physicians who must have their credentials verified for application forms (column 3, lines 11-17). This information is used so that a physician can remain part of a health care group, a hospital or an insurance organization (column 1, lines 13-19). These are all qualifications if a physician is to perform a proffered medical service. As discussed above for DiRienzo, Newman also teaches authenticating physician in that physicians must enter a username/password to access the credential database (page 5, lines 35-49 and column 38-55). Newman further teaches that the storing of the credentials and processing of credential information is automated (column 3, lines 10-17 and column 4, lines 6-27).

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For these reasons, DiRienzo in view of Newman clearly teach *registering a medical service provider and automatically authenticating qualifications of said medical service provider to perform a proffered medical service upon obtaining registration information from said service provider* in multiple different ways given the broadest reasonable interpretation.

2. Regarding claim 1, Applicant argues that there is not sufficient motivation to combine the teachings of DiRienzo with the teachings of Newman.

In Response: The Examiner respectfully disagrees. The teachings of DiRienzo are analogous to the teachings of Newman. The Examiner directs the board to the discussion above in paragraph 1 of how both DiRienzo and Newman both teach automatically authenticating qualifications of physicians to perform a medical service, as discussed in detail above. As discussed above, DiRienzo fails to teach a registering procedure before automatically authenticating qualifications of a medical service provider to perform a proffered medical service. It would have been obvious to one of ordinary skill in the art at the time of the Applicant's invention to modify the teachings of DiRienzo with the credential database teachings of Newman because it provides a directory of qualifications when authenticating a physician. As discussed above, DiRienzo teaches that physicians are qualified, they have physician mailboxes and they gain access to available jobs by logging in to the system by entering a username and password. Newman teaches that physicians log on to and enter credentials in a database with a username/password as discussed above. Therefore it would be an obvious expedient to include the registering of credentials as taught by Newman to the logging into physician mailboxes procedure taught by DiRienzo because it allows a physician to manage and update qualifications

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needed for proffered medical services and to allow for automatically authenticating qualifications upon obtaining registration information as discussed in claim 1.

For these reasons, there is a sufficient motivation to combine the analogous teachings of DiRienzo and Newman.

3. Regarding claim 21 Appellant asserts that DiRienzo in view of Newman fails to teach *automatically accessing a maintained database and/or one or more online commercial data resources to obtain information describing the health and/or financial conditions of a bid-submitting prospective patient* (see Appeal Brief, page 28).

In Response: The Examiner respectfully disagrees with Appellant. First, Appellant admits that DiRienzo teaches a diagnostic physician may access a patient's medical image so that it may ultimately be analyzed to develop a diagnosis or treatment. This alone is ample to teach the broad limitation of claim 21. However, to further support that DiRienzo teaches these limitations; DiRienzo teaches that a physician accesses a physician mailbox by entering a security code (column 23, lines 28-31). The images read by the physician are stored in a medical image database (column 11, lines 17-32). DiRienzo further teaches that the Provider Mail Boxes are designed to allow patients to bid against one another for a diagnostic physician's time (column 22, lines 28-35). As mentioned above, DiRienzo teaches that the system is designed to be automated (column 30, lines 44-48).

For these reasons, DiRienzo in view of Newman teaches *automatically accessing a maintained database and/or one or more online commercial data resources to obtain*

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information describing the health and/or financial conditions of a bid-submitting prospective patient.

4. Regarding claim 35 Appellant asserts that DiRienzo in view of Newman fails to teach steps *performed by a computer* (see Appeal Brief, page 28).

In Response: The Examiner respectfully disagrees with Appellant. First, Appellant only states that the steps are performed by the computer in the preamble of the claim. A preamble is generally not accorded any patentable weight where it merely recites the purpose of a process or the intended use of a structure, and where the body of the claim does not depend on the preamble for completeness but, instead, the process steps or structural limitations are able to stand alone. See *In re Hirao*, 535 F.2d 67, 190 USPQ 15 (CCPA 1976) and *Kropa v. Robie*, 187 F.2d 150, 152, 88 USPQ 478, 481 (CCPA 1951). Appellant does not distinguish which limitations in the body of the claim are performed by the computer. Even still, DiRienzo clearly teaches steps performed by a computer. The RAMIX system disclosed by DiRienzo is a computerized system utilizing image databases for physicians to access (column 4, lines 18-37, column 11, lines 17-32 and Figure 3).

Therefore DiRienzo in view of Newman clearly teaches computer steps for performing their medical services.

5. Regarding claim 35 Appellant asserts that DiRienzo in view of Newman fails to teach steps *establishing a computer-readable medical service provider identification code or a*

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computer programmed to received said medical service provider for verifying the identity of medical service provider (see Appeal Brief, page 29).

In Response: The Examiner respectfully disagrees with Appellant. In response to applicant's argument that the references fail to show certain features of applicant's invention, it is noted that the features upon which applicant relies, discussed above are not recited in the claim 35. Claim 35 has no mentions of "establishing a computer readable medical service provider identification code." Although the claims are interpreted in light of the specification, limitations from the specification are not read into the claims. See *In re Van Geuns*, 988 F.2d 1181, 26 USPQ2d 1057 (Fed. Cir. 1993). Nevertheless, as discussed above, DiRienzo teaches that a physician enters an identification code to access the Provider Mail Box.

6. Regarding claims 5, 8, 9, 13 and 14 Appellant challenges the Official Notice taken by the Examiner that these claims are obvious in view of DiRienzo and Newman and has asked the Examiner to provide support (see Appeal Brief, pages 29-30).

In Response:

Claim 5, Official Notice was taken that determining a price based on relevant factors was old and well known. To support this, the Examiner directs The Board to Kenna et al., U.S. Patent 6,108,641, wherein Kenna teaches an integrated nested account financial system with medical savings account. Kenna teaches that cost is a functions of utilization (column 2, lines 30-53 and column 8, lines 45 thru column 9, line 15).

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Claim 8 and 9, Official Notice was taken that payment terms including advanced payment are old and well known. Kenna teaches funding an account for upcoming medical services (column 8, lines 45 thru column 9, line 15).

It would have been obvious to one of ordinary skill in the art at the time of the Applicant's invention to modify the teachings of DiRienzo in view of Newman to include the teachings of Kenna because it provides for accurate payment of services. DiRienzo already teaches cost factors and payment strategies such as flat fees (column 29, lines 39-54).

Claims 13 and 14, Official Notice was taken that CPT or ICD-9 codes were old and well known in the financial arts. To support this, the Examiner directs The Board to Ilse et al. U.S. Patent 6,757,898 wherein Ilse teaches that ICD-9 and CPT-4 codes are healthcare industry standard for facilitating collection from insurance companies and other third-party payers (column 14, lines 17-22).

It would have been obvious to one of ordinary skill in the art at the time of the Applicant's invention to modify the teachings of DiRienzo in view of Newman to include the teachings of Ilse because it provides the required information for accurate payment of services.

7. No other arguments were provided for the rejection of claims 1-9, 12-17, 21 and 30-35. Any other dependent claims stand or fall with their independent claim.

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B. Rejection of claims 10, 11 and 50-57 under 35 U.S.C. § 103(a) over DiRienzo in view of Newman in further view of Feinberg.

8. Regarding claims 50-57, Appellant asserts that DiRienzo in view of Newman in further view of Feinberg fails to teach posting feedback about the proffered service.

In Response: The Examiner respectfully disagrees. DiRienzo teaches a bidding system for reading medical image data (Abstract). DiRienzo fails to teach leaving feedback. Feinberg teaches a bidding system in which information on seller transactions, comments from buyers and other information about the seller (column 4, lines 45-51). The patients taught by DiRienzo are acting as buyers since they are paying for medical services in a bidding environment. The feedback system of Feinberg also teaches information on sellers. The physicians are acting as sellers since they are providing a service. Therefore all the information taught by Feinberg is feedback information. It would have been obvious to one of ordinary skill in the art at the time of the Applicant's invention to modify the teachings of DiRienzo in view of Newman to include feedback about patients/doctors because it provides greater information when choosing which physician or patient to perform a transaction with. DiRienzo already teaches providing information such as biographic material so that informed decisions can be made when choosing a physician (column 17, lines 4-15).

Therefore DiRienzo in view of Newman in further view of Feinberg do teach posting feedback.

9. No other new arguments were provided for the rejection of claims 10, 11 and 50-57. Any dependent claims stand or fall with their independent claim.

C. Rejection of claims 58-60 under 35 U.S.C. § 103(a) DiRienzo in view of Newman in further view of Rackson.

10. Regarding claims 58-60, Appellant asserts that DiRienzo in view of Newman in further view of Rackson fail to teach computing an adjusted bid price based on relative value multiplier such as CPT code Relative Value Scale (see Appeal Brief, pages 43-44).

In Response: DiRienzo in view of Newman teach medical transactions for specified medical services. Rackson teaches computing an adjusted bid price based on certain factors considered during a service transaction (column 16, lines 1-25). Rackson teaches that the adjustment can be done automatically by retrieving corresponding data elements (column 16, lines 1-25). Furthermore, as discussed above, CPT codes are old and well known in the financial/medical arts.

Therefore DiRienzo in view of Newman in further view of Rackson teach the limitations of claims 58-60.

(11) Related Proceeding(s) Appendix

No decision rendered by a court or the Board is identified by the examiner in the Related Appeals and Interferences section of this examiner's answer.

For the above reasons, it is believed that the rejections should be sustained.


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Respectfully submitted,

Stefano Karmis

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05 January 2007



Conferees:

Hani Kazimi

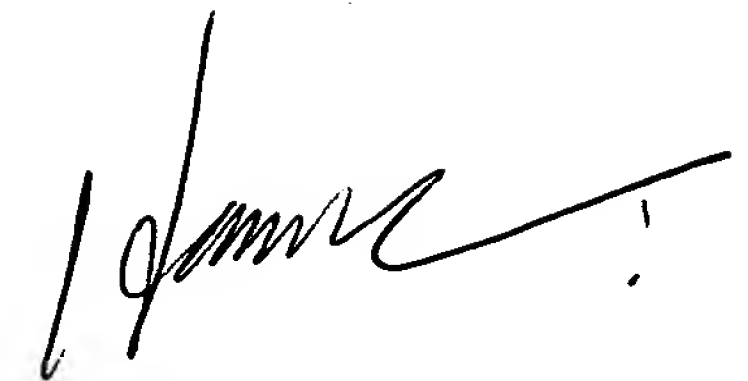
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